

**Oral Cancer Committee Meeting #2**

**July 10, 2002, 9-11am**

**Johns Hopkins Outpatient Center, Room 2140**

**⇒ Introductions and announcements**

- Committee members and staff introduced themselves.
- Kelly Sage provided a brief summary of the evaluation forms filled out after the last meeting.
- Kate Shockley announced the upcoming Town Hall Meetings and the Consensus Conference to be held October 16, 2002.
- The group discussed having a strong presence at the Town Hall meetings, including groups and individuals that may testify regarding oral cancer (SOPHE and an initiative in Montgomery County). There was also discussion around current legislation and legislative supporters of oral health.
- The group decided to try and organize a display table with educational literature and a video promoting oral cancer screening at some of the Town Hall meetings.

**⇒ Discussion of goals and recommendations**

- The Office of Oral Health will be conducting a phone survey, which will help determine which type of providers patients go to for care.
- Suggestion that legislation may be needed to fund education for non-dental professionals.
- Suggestion that recent dental graduates are more knowledgeable about oral cancer than those who graduated 10+ years ago.
- Suggestion that providers prefer “hands-on” training.
- Cathy Carroll, CRNP, suggested that she had completed a training course in Michigan for oral cancer screening which was quite effective. Mention of the breast exam training for providers available through Med-Chi, which is also quite effective. Suggestion that having dental services available at Chase Brexton has greatly increased oral cancer screening rates. However, problems occur when a lesion is identified and the patient must be referred.
- Discussion around what to do when a patient must be referred for treatment. Comments included: an uninsured patient becomes eligible for Medical Assistance when a lesion is found (this becomes a medical condition); we must educate those who refer patients about how to manipulate the system to get coverage; providers at UMB, GBMC, and Hopkins have offered that they never turn patients away and will help them navigate the system in some way; suggestion to develop some type of central resource for referral and case management.
- Questions and discussion regarding the specific data collected by the Cancer Registry. There may be subtleties in what is collected and reported which need to be examined. At this time, dentists are not required to report to the registry.
- Discussion regarding public education, including focus on youth. Comments and suggestions included the following:
  - using pictures and graphics when educating about oral cancer
  - promote oral cancer exams for patients starting at a very young age (pediatricians, family practice physicians, etc)
  - link the mouth with the rest of the body and merge dentistry with medicine
  - do not just hand out pamphlets but instead promote a multi-faceted education campaign involving the community
  - eliminate focus on chew tobacco as the cause of oral cancer and emphasize smoking cessation
  - actually meeting an oral cancer survivor has a large impact on youth
  - target high schools and colleges
  - get the message to health educators and other people actually talking to the public
  - look at models and find best practices that have been proven to work

- integrate the message into other programs (i.e. tobacco literature, health text books) so that the oral health message will always exist regardless of funding
- encourage dentists to take advantage of “teachable moments” and promote smoking cessation

- Further discussion regarding instituting a central, statewide case manager vs. tapping into existing resources.

- Discussion regarding access and the need for funding and reimbursement. The group would like to see funding and coverage for oral evaluations similar to coverage for a Pap test. The ADA’s definition for an oral evaluation should be used when requesting funding/reimbursement.

- Discussion of mandated courses for providers, such as in New York. These courses would mimic certification in CPR or infection control. Buy-in of dental groups would be needed.

#### ⇒**Next meeting**

- The next meeting is scheduled for September 11, 2002 from 9-11am, location TBD. At that time, the group will review the minutes of the Town Hall Meetings and finalize their recommendations and priorities.